

# CITY OF TIPP CITY

## PILOT FEE QUESTIONNAIRE

PLEASE COMPLETE ALL ITEMS AND RETURN THE QUESTIONNAIRE TO: VOICE (937) 667-8426  
TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., TIPP CITY, OH 45371-3116 FAX (937) 667-6734

NAME OF BUSINESS: \_\_\_\_\_

STREET/CITY/STATE/ZIP ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TYPE OF ORGANIZATION: PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ S-CORP \_\_\_\_\_  
C-CORP \_\_\_\_\_ LLC \_\_\_\_\_ LLP \_\_\_\_\_ ESTATE \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

FEDERAL I.D. NUMBER: \_\_\_\_\_ IF NONE, THEN

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ACCOUNTING PERIOD: CALENDAR YEAR \_\_\_\_\_, OR FISCAL YEAR ENDING \_\_\_\_\_

DATE TIPP CITY WATER METER WAS SET: \_\_\_\_\_

EMPLOYEES WORKING AT ANNEXATION & SERVICE AGREEMENT LOCATION ???

YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED MONTHLY PAYROLL AT THIS LOCATION \$ \_\_\_\_\_

DO YOU USE A PAYROLL SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, NAME \_\_\_\_\_

DO YOU USE AN EMPLOYEE LEASING COMPANY, OR PERSONNEL AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE LIST THE NAME, ADDRESS, PHONE NUMBER & CONTACT PERSON:

IF YOU ARE A CONTRACTOR \_\_\_\_\_ OR SUBCONTRACTOR \_\_\_\_\_, PLEASE SUPPLY THE  
FOLLOWING INFORMATION:

NAME, ADDRESS & PHONE NUMBER OF PARTY FROM WHOM CONTRACTED OR  
SUBCONTRACTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU, OR WILL YOU, BE SUBCONTRACTING ANY OF THE WORK TO SOMEONE ELSE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, ATTACH A COMPLETE LIST SHOWING NAMES,  
ADDRESSES, CONTACT PERSONS & TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_